

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In re

Chapter 9

City of Detroit, Michigan,
Debtor

Case No. 13-53846
Hon. Steven W. Rhodes

**MOTION TO PROCEED ON APPEAL IN DISTRICT COURT WITHOUT PREPAYING
FEES AND COSTS**

Service Date: October 1, 2012

Designated Claimant: Deborah Taitt

Address: 18420 Wildemere
Detroit, MI 48221

Proof of Claim No.: 1300

Case No.: 12-017100-CH
Gatewood et al v Taitt et al

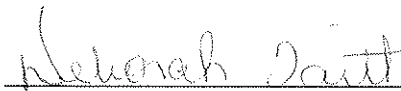
Court: Wayne County Third Circuit Court

Property: Parcel No. 16038783-9 AKA 16210 James Couzens, Detroit, MI 48221

FILED
2014 DEC -8 P 2:37
U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

Deborah Taitt claimant in the above named case filed a Notice of Appeal in this matter. The claimant moves the court for an order to proceed on appeal in the district court without prepaying fees and costs. An affidavit is attached.

Dated December 8, 2014


Deborah Taitt, in pro se
18420 Wildemere
Detroit, MI 48221
(313) 340-1266

UNITED STATES DISTRICT COURT

for the
Eastern District of Michigan

Deborah Taitt

Plaintiff/Petitioner

v.

Wayne County Treasurer et al

Defendant/Respondent

Civil Action No. 13-53846

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per
(specify pay period) _____.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

In the past 12 months, I received food stamps in the amount of \$190.00 per month and gifts in the amount of \$4000.00.

4. Amount of money that I have in cash or in a checking or savings account: \$ 60.00 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:

Personal residence

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:

\$300.00 per month

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

None

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 12/08/2014


Applicant's signature

Deborah Taitt
Printed name